

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	13 01
FORMALITY REVIEW	YL	905	1/10/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/22/02
2	✓	✓	10/22/02
3	✓	✓	10/22/02
4	✓	✓	10/22/02
5	✓	✓	10/22/02
6	✓	✓	10/22/02
7	✓	✓	10/22/02
8	✓	✓	10/22/02
9	✓	✓	10/22/02
10	✓	✓	10/22/02
11	✓	✓	10/22/02
12	✓	✓	10/22/02
13	✓	✓	10/22/02
14	✓	✓	10/22/02
15	✓	✓	10/22/02
16	✓	✓	10/22/02
17	✓	✓	10/22/02
18	✓	✓	10/22/02
19	✓	✓	10/22/02
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42	✓	✓	10/22/02
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44	✓	✓	10/22/02
45	✓	✓	10/22/02
46	✓	✓	10/22/02
47	✓	✓	10/22/02
48	✓	✓	10/22/02
49	✓	✓	10/22/02
50	✓	✓	10/22/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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